

APPLICATION FOR ACCREDITATION RENEWAL

NAME OF INSTITUTION

DATES OF REPORTING PERIOD

Instructions:

- (A) Complete the following pages.
- (B) Placement information is to be provided only by those institutions which offer placement assistance. If no placement assistance is given, then only the graduate and drop-out information is to be furnished. If your institution is located outside the state of Indiana, statistics for **only** Indiana students should be provided.
- (C) Provide verification that the institution is utilizing the required regulation statement in the format designated in the Indiana Code Regulation Requirement memorandum dated August 19, 1987 (see attached copy).
- (D) INDIANA REFUND POLICY MUST BE PRINTED ON CATALOG OR ENROLLMENT AGREEMENT VERBATIM.**
- (E) **Submit contract, catalog, and refund policy with this application.** (Note, schools must use the COPE Refund Policy 570 IAC 8-4.5 and 8-6.5 verbatim. Correspondence schools use 570 IAC 8-4.5 and 8-5. If the institution's programs are 120 clock hours or fewer, the school must use the COPE 100% pro-rata refund policy verbatim).
- (F) If applicable, submit copies of the most current approval letters from the home state accrediting body and national/regional accrediting body reflecting the date approval was issued and/or date of accreditation expiration.
- (G) Attach any supportive documents which will fully explain your answers. Use 8 1/2 x 11 bond paper for attachments.
- (H) Affix appropriate signatures and notarize form before returning to this Commission.
- (I) As specified by Indiana Code 20-12-76-16(8), provide proof of liability insurance for students.
- (J) Attach \$100.00 accreditation renewal fee.
- (K) The completed application and renewal fee must be submitted together. Items submitted separately will be returned immediately.**

SCHOOL INFORMATION

NAME OF INSTITUTION

NAME OF PERSON COMPLETING THIS FORM

TELEPHONE (with Area Code)

ADDRESS (Main Campus, if applicable)

CITY

STATE

ZIP

ADDRESS (Renewal Campus)

CITY

STATE

ZIP

Name of Owner:

Administrator of Institution (Main Campus):

Administrator of Institution (Renewal Campus):

Years under present ownership

Institution was first established in (year)

State of Licensure

Expiration Date

FEDERAL AGENCY APPROVAL?

Yes ☐

No ☐

If Federally Approved, please list agency/agencies:

NATIONAL OF REGIONAL ACCREDITATION?

Yes ☐

No ☐

If accredited, please list Accrediting Commission(s) with beginning and ending dates of accreditation:

OTHER STATES in which your institution is approved:

DESCRIPTIVE INFORMATION

Does the institution have specific admission requirements?

☐
Yes

☐
No

If YES, please indicate:

☐
High School
Diploma

☐
Visit to School

☐
Personal
Interview

☐
Admissions
Test(s)

Name of Test(s), if applicable: _____

OTHER Requirement(s): _____

Is the H.S. Equivalency Test (GED) accepted in lieu of H.S. diploma?

☐
Yes

☐
No

Program admission dates:

☐
Annual

☐
Quarterly

☐
Monthly

☐
Weekly

☐
Other

If other, please explain: _____

Is the student required to sign an enrollment agreement or contract?

☐
Yes

☐
No

Is a registration fee required?

☐
Yes

☐
No

If yes, please specify amount: \$ _____

Are there other pre-enrollment fees?

☐
Yes

☐
No

If yes, please explain: _____

Is housing, approved by the institution, available for students?

☐
Yes

☐
No

If yes, type of housing: _____

Is free parking available to students?

☐
Yes

☐
No

How many city blocks to nearest public parking lot? _____

to the nearest public transportation? _____

FINANCIAL ASSISTANCE

Student financial assistance available: ☐ Loans ☐ Grants ☐ Scholarships ☐ Work Study

Types of LOANS available: _____

OTHER financial assistance: _____

Is a tuition payment plan made available to students? ☐ Yes ☐ No

If yes, please specify: _____

Does the school help students find part-time employment while in school? ☐ Yes ☐ No

...following graduation? ☐ Yes ☐ No

DEGREE INFORMATION

Degrees are conferred in the following programs:

[illegible]

Degree(s) authorized by:

Certificates/Diplomas are issued in the following programs:

[illegible]

List any deletions or additions of programs offered since the previous accreditation renewal was submitted.

ADMINISTRATION AND FACULTY

Attach a list of all current administrative personnel including names and positions. Attach a list of all current instructors indicating each individual's program of instruction.

GRADUATE INFORMATION

Provide a list of graduates by program. Include the student's name, complete address and telephone number. This information should start with the beginning date of the current reporting period to the present time period. Please attach this information to this application.

Out of state institutions need to provide only information pertaining to Indiana graduates.

PLACEMENT INFORMATION (If applicable)

Is placement assistance offered for students who complete programs at your school?

☐
Yes

☐
No

If yes, please describe services offered: _____

For each graduate from the state of Indiana placed in the field of study, list, by program, the graduate's name, complete address and telephone number. Also provide the employer's name, complete address and telephone number.

In addition, list Indiana graduates placed in a field other than the field of study. Provide the graduate's name, complete address and telephone number. Also provide the employer's name, complete address and telephone number.

Please attach the above requested information to the application.

NAME OF PLACEMENT DIRECTOR

TELEPHONE (with Area Code)

CORPORATE INFORMATION AND CERTIFICATION

1. List any changes or additions in national accreditation that have taken place in the past year.

2. Has there been a change in your corporate status?

☐

Yes

☐

No

*If so, please submit a **complete** copy of the incorporation papers.*

3. List the individual names and address of stockholders owning 5% or more of stock in the school or corporation with the percentage owned by each stockholder indicated.

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

If the school is incorporated and owned by another corporation, list the names and addresses of the stockholders owning 5% or more of the stock in the parent corporation. Please indicate the percentage owned by each stockholder.

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Out of state institutions (foreign corporations) should file for a Certificate of Authority with the Indiana Secretary of State's Office (see attached instructions).

4. Indiana institutions must submit a copy of a current, **ANNUAL (WITHIN THE LAST 12 MONTHS)** fire inspection report for this reporting period. If applicable, submit a copy of the reinspection report showing violations have been corrected. The fire inspection must be from a **GOVERNMENT FIRE DEPT.**, not a private fire inspection firm. The accreditation renewal will **NOT** be complete without a proper fire inspection.

5. SUBMIT PROOF OF COMMERCIAL GENERAL LIABILITY INSURANCE. THE ACCREDITATION RENEWAL WILL NOT BE COMPLETE WITHOUT A PROPER FIRE INSPECTION.

Please supply the following information and signatures to complete the renewal application.

Signature

Printed Name

Official Capacity

STATE OF _____)

SS:

COUNTY OF _____)

Subscribed and Sworn before me this _____ day of _____, 20____.

Notary Signature

Notary Printed Name

My Commission Expires:

Group types of awards issued—
i.e., all degree programs, all certificates, all diplomas

School Name: _____

Reporting Period: _____

CURRENT PROGRAMS OFFERED

Program Name	Check One		Check One		Total Clock/Credit Hours	Program Length	Yearly* Enrollment	Current** Enrollment	Tuition	Other Fees	License requirement for employment upon completion. Specify agency name (fed., state, etc.)
	Resi- dent	Distance Educ.	Day	Even- ing							
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							

*Total number of students/graduates for listed reporting period. (Include residents in total.)

**Total number of students enrolled for the current term/semester/quarter.

Complete this form using statistics from this reporting period.

School Name: _____

Complete all information for **each program** offered.

Reporting Period: _____

GRADUATION AND PLACEMENT RATE INFORMATION

Include **two** totals in each column: (a) Total number of students/ graduates. (Include Indiana students in this total.)

(b) Total number of students/graduates who are Indiana residents only.

Note: The total of columns 1 and 2 must equal the total of columns 3, 4, and 5.

Course Name	1 Number of students carried over from last reporting period	2 Number of new students enrolled	3 Number of drops for any reason other than graduation **	4 Number of graduates	5 Number of students still enrolled but have not graduated	6 Number of graduates placed in jobs that are related to training	7 Number of graduate placed in jobs that are unrelated to training
Example Secretarial	(a)	(a)	(a)	(a)	(a)	(a)	(a)
	(b)	(b)	(b)	(b)	(b)	(b)	(b)
	(a)	(a)	(a)	(a)	(a)	(a)	(a)
	(b)	(b)	(b)	(b)	(b)	(b)	(b)
	(a)	(a)	(a)	(a)	(a)	(a)	(a)
	(b)	(b)	(b)	(b)	(b)	(b)	(b)
	(a)	(a)	(a)	(a)	(a)	(a)	(a)
	(b)	(b)	(b)	(b)	(b)	(b)	(b)
	(a)	(a)	(a)	(a)	(a)	(a)	(a)
	(b)	(b)	(b)	(b)	(b)	(b)	(b)
	(a)	(a)	(a)	(a)	(a)	(a)	(a)
	(b)	(b)	(b)	(b)	(b)	(b)	(b)
	(a)	(a)	(a)	(a)	(a)	(a)	(a)
	(b)	(b)	(b)	(b)	(b)	(b)	(b)
	(a)	(a)	(a)	(a)	(a)	(a)	(a)
	(b)	(b)	(b)	(b)	(b)	(b)	(b)

****Please attach a list the names and addresses of drops.**
(out of state institutions list Indiana residents only)

MEMORANDUM

TO: All Institutions Regulated by the Indiana Commission
on Proprietary Education

FROM: Phillip H. Roush

DATE: August 19, 1987

SUBJECT: Indiana Code regulation requirement, Toll Free Consumer
Telephone Number

The 1987 Indiana General Assembly amended Indiana Code 20-1-19 to include a new requirement under IC 20-1-19-8.1 (b). That sections states:

“The commission shall require that each postsecondary proprietary educational institutional include in each curriculum catalog and promotional brochure the following:

- (1) A statement indicating that the postsecondary proprietary educational institution is regulated by the commission under this chapter.
- (2) The commission’s mailing address and telephone number.”

The following statement will be the **only** authorized statement and is required in all catalogs, brochures, and other related promotional materials.

This institution is regulated by:

**The Indiana Commission on Proprietary Education
302 West Washington Street, Room E201
Indianapolis, IN 46204-2767**

**Toll Free Number 1-800-227-5695
or
(317) 232-1320**

You may insert the statement in your present catalog and distribute it with your brochures and other related promotional materials; however, the new printing of the institution’s catalogs, brochures, and other related promotional materials must contain the required statement. The statement must be printed in no less than 8 point type size.

You must provide the commission with a copy of the printed matter you intend to distribute and the manner of distribution. You must begin to provide this information to all students within 30 days from the receipt of this notification.

The toll free telephone number is a consumer number only. It is not intended for use by the institutions for administrative purposes of contacting the commission.

If you have any questions, please contact us.

Uniform Refund Policy

570 IAC 1-8-4.5 Uniform refund policy

Authority: IC 20-1-19-4

Affected: IC 20-1-19-10

Sec. 4.5. If a postsecondary proprietary educational institution utilizes a refund policy of their recognized national accrediting agency or the new United States Department of Education (USDOE) Title IV refund policy enacted by the 1992 Amendments to the Higher Education Act, the postsecondary proprietary educational institution must provide written verification in the form of a final refund calculation, upon the request of the commission, that its refund policy is, indeed, more favorable to the student than that of the commission's. Postsecondary proprietary educational institutions accredited by a nationally recognized accrediting agency must uniformly apply the commission's tuition refund policy or the refund policy of their recognized accrediting agency, as previously approved by the commission to all first-time students enrolled. Postsecondary proprietary educational institutions using a refund policy other than that of the commission's must list the complete policy and its origination in the institutional catalog and the enrollment agreement. (*Indiana Commission on Proprietary Education; 570 IAC 1-8-4.5; filed Jan 17, 1995, 1:00 p.m.: 18 IR 1476*)

570 IAC 1-8-5 Correspondence institutions; refunds

Authority: IC 20-1-19-4

Affected: IC 20-1-19-10

Sec. 5. REFUND POLICY: CORRESPONDENCE POSTSECONDARY PROPRIETARY EDUCATIONAL INSTITUTION'S. The institution shall cancel a student's enrollment upon request of the student. The student's obligation at the time of cancellation will be calculated as follows:

- (A) Within six (6) days following the signing of the contract, no obligation and all monies paid, if any, to be fully refunded.
- (B) After six (6) days, but before beginning of training, a registration fee of 20% of the total tuition not to exceed \$100.00.
- (C) After beginning of training, the registration fee, plus 10% of the total tuition until student completes 10% of the assignment.
- (D) After completing 10% of the assignments, but prior to completing 25% of the assignments, the registration fee plus 25% of the total tuition.
- (E) After completing 25% of the assignments but prior to completing 50% of the assignments, the registration fee plus 50% of the total tuition.
- (F) After completing 50% of assignments, but prior to completing 75% of the assignments, the registration fee plus 75% of total tuition.
- (G) After completing 75% of assignments, the student is responsible for total tuition.
- (H) The contract shall state a length of time for a student to complete his course of study. If a student does not cancel by the end of such time, he is responsible for his total tuition.
- (I) The institution will make a proper refund, within thirty-one (31) days of the student's request for cancellation.
- (J) If the student has paid tuition extending beyond twelve (12) months all such charges shall be refunded as described in Rule 8.04 through 8.06 [570 IAC 1-8-4 — 570 IAC 1-8-6] of these Rules and Regulations.

(*Indiana Commission on Proprietary Education; PT VIII,8.05; filed Feb 6, 1978, 4:30 pm: Rules and Regs. 1979, p. 191*)

570 IAC 1-8-6.5 Resident institutions; refunds**Authority: IC 20-1-19-4****Affected: IC 20-1-19-10**

Sec. 6.5. (a) The postsecondary proprietary educational institution shall pay a refund to the student in the amount calculated under the refund policy specified in this section or as otherwise approved by the commission. The institution must make the proper refund no later than thirty-one (31) days of the student's request for cancellation or withdrawal.

(b) The following refund policy applies to each resident postsecondary proprietary educational institution, except as noted in section 4.5 of this rule:

- (1) A student is entitled to a full refund if one (1) or more of the following criteria are met:
 - (A) The student cancels the enrollment agreement or enrollment application within six (6) business days after signing.
 - (B) The student does not meet the postsecondary proprietary educational institution's minimum admission requirements.
 - (C) The student's enrollment was procured as a result of a misrepresentation in the written materials utilized by the postsecondary proprietary educational institution.
 - (D) If the student has not visited the postsecondary educational institution prior to enrollment, and, upon touring the institution or attending the regularly scheduled orientation/classes, the student withdrew from the program within three (3) days.
- (2) A student withdrawing from an instructional program, after starting the instructional program at a postsecondary proprietary institution and attending one (1) week or less, is entitled to a refund of ninety percent (90%) of the cost of the financial obligation, less an application/enrollment fee of ten percent (10%) of the total tuition, not to exceed one hundred dollars (\$100).
- (3) A student withdrawing from an instructional program, after attending more than one (1) week but equal to or less than twenty-five percent (25%) of the duration of the instructional program, is entitled to a refund of seventy-five percent (75%) of the cost of the financial obligation, less an application/enrollment fee of ten percent (10%) of the total tuition, not to exceed one hundred dollars (\$100).
- (4) A student withdrawing from an instructional program, after attending more than twenty-five percent (25%) but equal to or less than fifty percent (50%) of the duration of the instructional program, is entitled to a refund of fifty percent (50%) of the cost of the financial obligation, less an application/enrollment fee of ten percent (10%) of the total tuition, not to exceed one hundred dollars (\$100).
- (5) A student withdrawing from an instructional program, after attending more than fifty percent (50%) but equal to or less than sixty percent (60%) of the duration of the instructional program, is entitled to a refund of forty percent (40%) of the cost of the financial obligation, less an application/enrollment fee of ten percent (10%) of the total tuition, not to exceed one hundred dollars (\$100).
- (6) A student withdrawing from an institutional program, after attending more than sixty percent (60%) of the duration of the instructional program, is not entitled to a refund.

(Indiana Commission on Proprietary Education; 570 IAC 1-8-6.5; filed Jan 17, 1995, 1:00 p.m.: 18 IR 1476)

PROGRAMS CONSISTING OF 120 CLOCK HOURS OR LESS

The postsecondary proprietary educational institution shall pay a refund to the student in the amount calculated under the refund policy specified in this section or as otherwise approved by the commission.

The following refund policy applies to each resident postsecondary proprietary educational program consisting of 120 or fewer clock hours.

- (1) A student is entitled to a full refund if one (1) or more of the following criteria are met:
 - (A) The student cancels the enrollment agreement or enrollment application within six (6) business days after signing.
 - (B) The student does not meet the postsecondary proprietary educational institution's minimum admission requirements.
 - (C) The student's enrollment was procured as a result of a misrepresentation in the written materials utilized by the postsecondary proprietary educational institution.
 - (D) If the student has not visited the postsecondary education institution prior to enrollment, and, upon touring the institution or attending the regularly scheduled orientation classes, the student withdrew from the program within three (3) days.
- (2) A student withdrawing from an instructional program, after starting the instructional program at a postsecondary proprietary institution, is entitled to a pro-rata refund based upon the number of days less an application/enrollment fee of ten percent (10%) of the total tuition, not to exceed one hundred dollars (\$100).
- (3) An institution must make the proper refund, based upon the student's last day of attendance. The refund must be made within thirty-one (31) days of the student's request for cancellation or withdrawal.

SECTION V

FOREIGN FOR PROFIT CORPORATIONS

A. Application for a Certificate of Authority

No foreign corporation may transact business in the State of Indiana until it obtains a Certificate of Authority from the Secretary of State. The Indiana Business Corporation Law (BCL) defines what constitutes transacting business at Indiana Code 23-1-49-1(b). In general, activity that is largely interstate commerce or an isolated transaction is not considered to be transacting business in the State of Indiana. If there is a question regarding whether a corporation's activities constitute transacting business please contact the Corporations Division for assistance. **Note:** All out of state bidders on state (Indiana governmental unit) contracts doing business as a corporation must have a Certificate of Authority from the State of Indiana.

An Application for a Certificate of Authority may be ordered from the Corporations Division office. The following information must appear on the application:

1. The name of the foreign corporation, or if its name is unavailable for use in Indiana, a corporation name that satisfies the requirements of Indiana Code 23-1-49-6;
2. The name of the state or country under whose law the corporation is incorporated;
3. The date of incorporation and the period of duration of the corporation, as stated in the Articles of Incorporation;
4. The street address of corporation's principal office;
5. The address of its registered office in Indiana and the name of its registered agent at that office; and
6. The names and business addresses of its current officers and directors.

A foreign corporation must deliver with the completed application, in duplicate, a Certificate of Existence (or a document of similar import) duly authenticated by the Secretary of State, or the other state official having custody of corporate records in the state or country under whose law it is incorporated.

The filing fee for a Certificate of Authority is \$90.00.

B. Annual Report

Every foreign corporation having a Certificate of Authority to transact business in Indiana must file an annual report. The filing schedule and contents of the report are the same as for domestic for-profit corporations. Please refer to that section of this handbook.

C. Amendments to the Articles of Incorporation

A foreign corporation is no longer required to file certified copies of Articles of Amendment to its Articles of Incorporation with the Secretary of State. The BCL does not require the submission of a certified copy of a foreign corporation's Articles of Incorporation when obtaining a Certificate of Authority to transact business in Indiana.

D. Amended Certificate of Authority

The BCL requires a foreign corporation transacting business in the state to amend its Certificate of Authority if it changes:

1. Its corporate name;
2. The period of its duration; or
3. The state or country of its incorporation.

Please refer to Indiana Code 23-1-49.4. A corporation may file other amendments to its Certificate of Authority, if desired.

The filing fee is \$30.00

E. Application for a Certificate of Withdrawal

A foreign corporation desiring to terminate its authority to transact business in Indiana may do so by filing an Application for Certificate of Withdrawal. Please refer to Indiana Code 23-1-50-2. Such an application must contain the following information:

1. The name of the foreign corporation, the date and the name of the state or country under whose law it is incorporated;
2. A statement that it is not transacting business in Indiana and that it surrenders its authority to transact business in Indiana;
3. A statement that it revokes the authority of its registered agent to accept service on its behalf and appoints the Secretary of State as agent for service of process for any proceeding based on a cause of action arising during the time it was authorized to transact business in Indiana;
4. A mailing address to which the Secretary of State may mail a copy of any process served on the Secretary of State under this article; and
5. A commitment to notify the Secretary of State in the future of any change its mailing address. The Application for Certificate of Withdrawal may be obtained from the Corporations Division.

The filing fee is \$30.00

SECTION VI

FOREIGN NONPROFIT CORPORATIONS

Corporations formed under the nonprofit corporations laws of any other state or country, and desiring to transact business in Indiana, must file an application for certificate of authority. Forms for the application are available from the Corporations Division. The application should be filed in duplicate and signed by a current officer of the corporation. The filing fee for an application for certificate of authority is \$30.00. In addition, the application must be accompanied by an original certificate of existence (or good standing) issued within the past sixty (60) days by the corporation's domicile state.

The application for certificate of authority must include the following information:

1. The name of the foreign corporation or, if the corporation's name is unavailable for use in Indiana, a corporate name that satisfies the requirements of IC23-17-26-6 (see Section IV).
2. The name of the state or country under whose law the foreign corporation is incorporated.
3. The date of incorporation and period of duration. The period of duration should be set in the corporation's original articles of incorporation as either perpetual or for a specified term of years.
4. The street address of the foreign corporation's principal office.
5. The address of the foreign corporation's registered office in Indiana and the name of the foreign corporation's registered agent at that office.
6. The names and usual business addresses of the foreign corporation's current directors and officers.
7. Whether the foreign corporation has members.
8. Whether the corporation, if the foreign corporation had been incorporated in Indiana, would be a public benefit, mutual benefit, or religious corporation.

The corporation must file an application for amended certificate of authority if it changes any of the following:

1. The foreign corporation's corporate name.
2. The period of the foreign corporation's duration.
3. The state or country of the foreign corporation's incorporation.

The filing fee for application for amended certificate of authority is \$30.00 and forms are available from the Corporations Division.

INDIANA SECRETARY OF STATE
CORPORATIONS DIVISION
302 W. WASHINGTON STREET ROOM E018
INDIANAPOLIS IN 46204
317-232-6576